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CITY AND COUNTY
OF THE CITY OF CHESTER

Medical Inspection of School Children

1951

D. F. MORGAN, M.B., Ch.B., D.P.H. School Medical Officer.





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School Medical Officer.

EDUCATION COMMITTEE, 1951.

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Staff of S	School Med	ical Department:
School Medical Officer	J.	W. Lobban, M.A., M.D. D.P.H. (Resigned 15/4/51). Succeeded by D. F. Morgan, M.B., CH.B., D.P.H. 15/5/51.
Deputy School Medical Offi	icer Va	acant.
Assistant School Medical Of	ficer Iv	y F. Fallon, M.R.C.S., L.R.C.P., D.P.H.
School Dental Surgeon	W	. G. Walch, L.D.S.
Assistant School Dental Surg		icant.
Speech Therapist		iss I. Hastings, L.C.S.T. (Resigned). iss M. E. Sutherland, L.C.S.T. (from 1/9/51).
(Also Health Visitors) .	Mi M M M M Mi	iss M. H. Beattie (Superintendent). iss Z. K. Wilkins. (Retired 31/5/51). rs. M. T. Slater. iss M. E. G. Crawford. rs. M. McGovern. iss M. W. Wright. iss J. M. Jewell. (Resigned 17/10/51). rs. E. Griffiths (Commenced 17/4/51). iss E. H. Birks (Commenced 24/11/51).
Clinic Nurse	M	iss A. J. Chesters.
Clerks	\mathcal{W}	. W. Hudson (Part-time). J. O. Lewis. . A. Chetwood.
Clinic Clerk	M	iss M. Ruscoe.

Dental Attendant Miss J. Dawson.

St. Martin's House, Chester.

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

Following the resignation of Dr. J. W. Lotban in April, 1951, after years as School Medical Officer, I was able to commence duty in May. The post of Deputy School Medical Officer remained vacant, and the medical work of the department was carried out by Dr. I. F. Fallon (Assistant Medical Officer) and myself. A special effort was made to complete all the examinations necessary under the regulations, and this has necessitated the utmost co-operation from Head Teachers as well as from the Staff of the Department, for which I must express my gratitude.

Some years of experience in the work of the School Health Service have convinced me that the value of the Service depends greatly on the care and detail with which examinations are performed and the accuracy of recording defects. It is, therefore, most gratifying to note the high proportion of examinations at which parents were present, and I should like to pay tribute to the conscientiousness of the Staff which has earned this testimonial. I sincerely hope that pressure of work upon our Staff will not lead to diminution in the efficacy and value of the School Medical Inspections.

Despite several changes among the Staff of six Health Visitor-School Nurses, Miss Beattie (Superintendent Health Visitor-School Nurse) has managed to maintain a high standard, and a commendable amount of work has been done by the School Nurses.

The shortage of Dental Surgeons has continued to affect the work of the Dental Service and we can only hope that this shortage will not continue long, and that it will be possible to make up the leeway in treatments.

A full-time Speech Therapist was appointed and commenced duty in September, 1951.

The Office Staff is hampered by poor accommodation. This will be rectified at the first opportunity.

I have the honour to be
Your obedient servant,

D. F. MORGAN,

School Medical Officer.

STAFF AND ORGANISATION.

The work of administering the School Health Service and coordinating that work with the Health Department was carried out by the School Medical Officer as well as certain School Medical Inspections in the Senior Boys' Schools, and other duties.

The Assistant Medical Officer was responsible for the majority of the School Medical Inspections, Re-inspections, and for the Diphtheria Immunisation in the Schools. She also carried out the periodic examinations at the Nursery Schools.

Ascertainment of Handicapped Pupils was arranged mainly during School Holidays and was shared by the two Medical Officers. Examination of pupils as to their fitness for employment out of school hours was done on each Saturday morning during the year.

For Dental Anaesthetics, it was necessary to employ a General Practitioner with experience in this work, on one or more sessions weekly (depending on the demand), owing to there being only one (the Senior) Dental Officer.

The Superintendent Health Visitor and six Health Visitor-School Nurses assisted at School Medical Inspections, Hygiene Inspections in all the maintained Schools, and paid visits, where necessary, to the homes of pupils.

The Minor Ailments Clinics at St. Martin's House and at the Lache School were attended by the Clinic Nurse and School Nurse. These Clinics are open every morning during the School terms.

A Sunray Clinic was held at the Princess Street Clinic, the number of sessions depending on the demand.

CENERAL.

There are 26 Schools with 41 Departments in the City.

Many pupils in the Secondary Schools, and a fair number in the Primary Schools come from addresses outside the City.

Nursery Schools 3	No. on Rolls (Dec., 1951)
'Infants' Department 14\ Primary Departments 15\	4594
Secondary Modern 4	1510
Secondary Grammar 2\ Direct Grant Schools 3\	1691
41	7902

SCHOOL MEDICAL INSPECTIONS.

SUMMARY OF PUPILS EXAMINED DURING THE YEAR 1951

			Mcd	ical I	nspections.	
School. De	epartment.	Doe	iodia Su	coin1	Re- Inspection	Total
Boughton St. Paul's C. of E.				I	40	IOO
Victoria Road Council.	Junr. &		59 141	I	71	213
Cherry Grove Council.	Boys		61	_	18	79
Cherry Grave Counter.	Girls		41	4	44	89
	Infants		93			128
Christ Church C. of E.	Junr, &	Infts.	51		8	59
Egerton Street C. of E.	Infants		50		32	82
Handbridge St. Mary's C. of E.	Junr. & 1	Infts.	99	4	32	135
St. Francis' R.C.	Junr. & 1		36	I	20	57
St. Werburgh's R.C.	Boys		60	_	33	93
	Girls		56	_	40	96
	Infants		97	- 1	24	121
Grosvenor St. John's C. of E.	Junr. & 1	Infts.	70	4	34	108
St. Mary's Hill C, of E.	Junr. & 1	Infts.	44	1	8	53
St. Thomas's C. of E.	Junr. & 1	Infts.	85		38	123
Lache.	Junr. & I	Infts.	126	2		128
Newton.	Junr. & I	Infts.	108	I	116	225
Blacon.	Junr. & I	Infts.	115	_	136	251
Modern Secondary Schools.						
Love Street.	Boys		120			120
Love Street.	Girls		119	I	. 95	215
Hunter Street C. of E.	Girls		86		34	I 20
College C. of E.	Boys		70		24	94
O						,
Nursery Schools.						
			0.0		10	4.2
Hilary Haworth. Boughton.		•	23 8		19 12	42 20
Bowling Green.			13,		13	26
bowning Green.			13.		13	20
Secondary Crammar Schools.						
City Grammar.	Boys		106	I	51	158
City High.	Girls		127		60	187
Direct Crant Schools.						
King's.	Boy-s		92	_	39	131
Queen's.	Girls		132		92	224
Dee House Ursuline Convent.	Girls		87	2	40	129
, Total	s		2375	23	1208	3606
			_			

CITY HIGH SCHOOL

Numb		xamined—						
	Perio					•••	•••	127
	Speci	als spections	***	***		•••		6-
	ICC-III	ispections			•••	•••	•••	, 00
			Ce		Condition		С	
	Æ	Ą			В			
	Go	od			air		Poo	r
	71 (5.	5.9%)		56 (44.1%)		Nil	
				Def	fects			
						Inspections		Inspections
					Requiring treatment		t treatment	
Skin				•••	6		_	_
Eyes:	_							
	· /	Vision			31			_
	(b)	Squint	•••	•••	- .	_	. —	_
	(c)	Other	• • •	• • •	I			
Ears:								
	(a)	Hearing		•••			_	
	(b) (c)	Otitis Med Other		•••	I			_
Nose	\ /	roat			_			
Speec:						_		
-		ands			_			_
Heart	and	Circulation			I	_	<u> </u>	
Lungs	3.	1. Pro-		• • •	3			- .
Devel		ntal:—						
		Hernia			_	_	_	
	(b)	Other	•••	• • •	_	_	_	_
Ortho	paedi							
	71 1	Posture		• • •	15	_		_
	(c)	Flat Foot Other	•••	•••	4			_
Norre	` '	ystem:—		•••				_
IVEL VC	(a)							
	(b)	Other			_	_		_
Psych	nologie	cal:—						
		Developme	ntal					_
	(b)	Stability			_		_	_
Other	Defe	ects		•••	I 2			
Num		f Pupils for						
NT.								
Num	ber of ditio	Pupils foun				t for all	other cor	
				·				43
Total	l num	ber of indivi	dual F	'upils	requiring	treatme	ent .	66

CITY CRAMMAR SCHOOL

	CI	TY C	RAM	MAR SCI	HOOL			
Numbers E	xamined—							
Perio	odie							106
Spec	ials		•••					I
Re-in	spections							51
		G	eneral	Condition				
• 4	1			В			С	
- Go				air			oor	
53. (8				(50%)			Vil	
33. (,- ,0 ,		33	(3-707				
			Def	iects				
					Inspection		ial Ins	pections
				Requiring treatment		pt treatn	ient	Requiring to be kept under obs.
Skin				<u> </u>				
Eyes:—								
(a)	Vision			2				
(b)	Squint				_			_
(c)	Other		• • •		_			
Ears:—								
(a)	Hearing	,						
(b)	Otitis Med	ia	115			_		
(c)	Other	•••		_				
Nose or Th	roat	• • •		_		_		
1		***						
Cervical Gl		• • •	• • •	_	. I			
Heart and	Circulation	• • •	• • •	2		_		_
	• 5	•••	•••	. I				
Developmen								
		•••	• • •			. —		_
(b)	Other	••	• • •	_	_			_
Orthopaedic								
	Posture	• • •	• • •	2				
1 ./	Flat Floot		***	- 	_			
(c)	Other	•	• * *					
Nervous Sy								
(a)	Epilepsy	• • •		_				
(b)	Other	•••	• • •					
Psychologic								
1	Developme	ntal	***					
(b)	Stability		• • •	_				
Other Defe	cts			2				
	Pupils for n excluding							2
							ther	
	Pupils fou itions			re treath · · · · · · · · · · · · · · · · · · ·				7
Total numb	per of indivi	dual I	oupils	requiring	treatme	ent	•••	8

KING'S SCHOOL Numbers Examined— Periodic 92 Specials 39 Re-inspections **General Condition** C B A Fair Poor ' Good Nil 33 (35.9%) 59 (64.1%) Defects Periodic Inspections Special Inspections Requiring to be kept under obs. Requiring to be kept Requiring Requiring treatment treatment under obs. Skin Eyes:-(a) Vision (b) Squint (c) Other Ears:-(a) Hearing (b) Otitis Media (c) Other Nose or Throat ... Speech 3 Cervical Glands ... Heart and Circulation 3 Lungs ...5 2 Developmental:-(a) Hernia (b) Other Orthopaedic: (a) Posture Flat Foot (b) (c) Other[®] 2 Nervous System:-(a) Epilepsy I (b) Other Psychological:— (a) Developmental (b) Stability Other Defects Number of Pupils found to require treatment for defective vision excluding squint ... 4 Number of Pupils found to require treatment for all other conditions 18 Total number of individual Pupils requiring treatment 20

QUEEN'S SCHOOL

Numbers Examined—						
Periodie						132
Specials Re-inspections	•••	•••	•••			—
Re-mapeetions					•••	92
A	Gener	al Con B	dition		С	
					C	
Cood		Fair			Poo	r
84 (63.03%)	4	.8 (36	.97%)		Nil	
		Defects	3			
				Inspection		Inspections
			quiring atment	Requiring to be kep under obs	t treatment	
Skin			7	_	—	_
Eyes:—						
(a) Vision		. 3	2	_		_
(b) Squint	• • • • • • • • • • • • • • • • • • • •	_		_		_
(c) Other	• • • •		I			_
Ears:— (a) Hearing						
(a) Hearing (b) Otitis Media		_	_	_		
(c) Other			_			
Nose or Throat			4	_	_	
Speech	ę	-	-	_	_	_
Cervical Glands		-	_	_	_	_
Heart and Circulation			_	_	_	_
Lungs			3		_	_
Developmental:— (a) Hernia						
(b) Other		_	_ I	_	_	
Orthopaedic:—			•			
(a) Posture			9		_	
(b) Flat Foot			5		_	_
(c) Other		-	_	_		_
Nervous System:—						
(a) Epilepsy		-	_		_	_
(b) Other	•	_	_		_	
Psychological:—						
(a) Developmenta (b) Stability						
, '		_				
Other Defects			5	_	-	_
Number of Pupils found vision excluding sq						
Number of Pupils found						
						. 35
Total number of individua						6 -

DEE HOUSE URSULINE CONVENT SCHOOL

Periodic	Numb	u ners F	xamined—	L OR	30	12 00	,,,,	LILL	0002		
Ceneral Condition	T GIII N										87
Ceneral Condition A		Spec	ials					• • •	•••		
Cood Fair 35 (40.2%) Secial Inspections Requiring Requiring to be kept Vertical treatment Treatment Vertical treatment		Re-i	nspections					•••	•••	• • •	40
Cood Fair 35 (40.2%) Secial Inspections Requiring Requiring to be kept Vertical treatment Treatment Vertical treatment				0	onoral	Condi	tion				
Defects			A	u			LIUII		С		
Defects		Co	od			air			Poo	r	
Periodic Inspections Special Inspections Requiring Requiri							<u>(</u>)				
Periodic Inspections Requiring Requi		J = (c	, , , , , , , , , , , , , , , , , , , ,				,				
Requiring treatment to be kept under obs. Requiring to be under obs. Requiring					De		odic 1	Inspections	Special T	nspecti	Ons
Eyes:— (a) Vision 23 — 2 — (b) Squint —						Requi	ring	Requiring to be kept	Requiring treatment	Requ to be	iring kept
(a) Vision 23	Skin					6		_			
(a) Vision 23	Eves:	_									
Ears:— (a) Hearing		4 4	Vision			23		_	2	_	
Ears:— (a) Hearing — — — — — — — — — — — — — — —		(b)									
(a) Hearing		(c)	Other	• • •	• • •	2		_	_	_	
(b) Otitis Media	Ears:										
(c) Other		2(• • •	_		_	_	_	
Nose or Throat </td <td></td> <td>(b)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td>		(b)							_		
Speech <	Nose	$\frac{(C)}{C}$							_		
Cervical Glands <									_	_	
Lungs <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td></td><td></td></td<>									_		
Developmental:— (a) Hernia — — — — — — — — — — — — — — —	Heart	and	Circulation			2		_	<u> </u>		
(a) Hernia	Lungs	,	· č	•••	• • •	_		_	_		
(b) Other	Devel	• .									
Orthopaedic:— (a) Posture 7 — — — (b) Flat Foot 2 — — — (c) Other 1 — — — Nervous System:— (a) Epilepsy — — — — — (b) Other — — — — — (c) Other — — — — — (b) Stability — — — — — — Other Defects 16 — — — — Number of Pupils found to require treatment for defective vision excluding squint 25 Number of Pupils found to require treatment for all other conditions						_		_			
(a) Posture		` '		•••	• • •	_			_	_	
(b) Flat Foot 2	Ortho										
(c) Other		(a)	Posture Flat Book			7		_	_	_	
Nervous System:— (a) Epilepsy — — — — — (b) Other — — — — — — — Psychological:— (a) Developmental — — — — — — (b) Stability — — — — — — — Other Defects 16 — — — — — — — — — — — — — — — — — —			Other	; • •						_	
(a) Epilepsy — — — — — — — — — — — — — — —	Nervo	` '				•					
(b) Other — — — — — — — — — — — — — — —	110110					_			_	_	
(a) Developmental — — — — — — — — — — — — — — — — —		(b)	Other					_			
(a) Developmental — — — — — — — — — — — — — — — — —	Psych	ologic	cal:—								
Other Defects 16 — — — — Number of Pupils found to require treatment for defective vision excluding squint 25 Number of Pupils found to require treatment for all other conditions 30	~			ntal					_	_	
Number of Pupils found to require treatment for defective vision excluding squint 25 Number of Pupils found to require treatment for all other conditions		(b)	Stability	,							
Number of Pupils found to require treatment for all other conditions 30	Other	Defe	cts			16					
Number of Pupils found to require treatment for all other conditions 30	Numb	er of	Pupils fou	nd to squir	requi	re tre	atm	ent for	defective		2.5
. conditions	NT. 1										~5
Total number of individual Pupils requisites to a	Numb										
Total number of individual Pupils requiring treatment 51											30
	Total	numb	er of individ	lual F	upils 1	requiri	ng	treatmen	t		5 ¹

LOVE STREET SECONDARY MODERN SCHOOL (GIRLS)

Numbers Examined-						
Periodic	•••				•••	119
Specials	•••	• • •	• • • • • • • • • • • • • • • • • • • •	•••	•••	1
Re-inspections		• • •	•••	• • • • • •	•••	95
A	(Condition B		С	
Good		F	air		Poor	•
51 (42,8%)		68 ((57.2%)		Nil	
		Dei	fects			
			Periodic 1	Inspections	Special I:	nspections
				Requiring to be kept under obs.		Requiring to be kept under obs.
Skin	,	(0 + 0 ;	8	_		
Eyes:—						
· · · · · · · · · · · · · · · · · · ·		•••	21		I	
(a) Vision (b) Squint		•••	I	_		_
(c) Other	•••	•••	2	_	_	_
Ears:—						
(a) Hearing	,,		_	_		_
(b) Otitis M	.edia	•••	_	_		_
(c) Other Nose or Throat	•••	• • •	8			
Speech	•••	•••	_		_	
Cervical Glands	• • •,		_		_	_
Heart and Circulatio			_		_	_
Lungs			1	_	_	_
Developmental:—						
(a) Hernia			_	_		_
(b) Other	,		_	_	_	
Orthopaedic:—						
(a) Posture		,	6	_	_	
(b) Flat Foo	ot		7		_	_
(c) Other		• • •	_		_	_
Nervous System:—						
(a) Epilepsy			I	_		_
(b) Other	,	•••				_
Psychological:—						
(a) Developn		***		_		
(b) Stability		•••				
Other Defects	•••		4			
Number of Pupils f	ound to	o requii	re treatin 	ent for o	defective	22
Number of Pupils f	ound to	o requi	re treatm	ent for a	all other	
conditions .						39
Total number of ind		Pupils	requiring	treatme	nt	54

LOVE STREET SECONDARY MODERN SCHOOL (BOYS)

Numb		xamined—						
	Perio				•••		•••	120
	Speci				•••	•••	•••	
	Ke-m	spections	,,	•	•••	• • •	•••	
			Ger	ieral (Condition			
	1	4		F	3		С	
	Go	od		Fa	air		Poor	•
	50 (4	11.7%)		60	(50%)		10 (8,3%	5)
				Def	ects			
						Inspections Requiring to be kept under obs.	Special I: Requiring treatment	Requiring to be kept under obs-
Skin		,			—	_	_	
Eyes:					••.	***		
	(a)	Vision	,	• • •	8	4	_	_
	(b)	Squint			I			_
	(c)	Other			_			_
Eamar								
Ears:		Hearing						_
	(a) (b)	Otitis Medi	 a		I			
	(c)	Other				_		_
Nose	or Ti	aroat			I	I	_	_
Speech					I		_	
Cervi					_		— .	 .
Heart	and	Circulation			3	_		
Lungs	s .				1		_	_
Devel	onmei	ntal:—						
Dever	(a)	Hernia					_	_
	(b)	Other			_		_	_
	` '							
Ortho								
	> 4	Posture	• • •	• • •		_	_	_
	(b)	Flat Floot Other	***	***				_
	(6)	Other	•••	•••	Ĭ]	_	_
Nervo	ous Sy	ystem:—						
	(a)				_			_
	(p)	Other	• • •			-	_	_
Psych	ologi	cal:—						
2 5 5 61		Developme	ntal		_			_
		Stability				_	_	_
Other	r Defe				2			
Numl	ber o	f Pupils fou on excluding	nd to	requi	re treati	nent for	defective	. 8
NT.								
Milin		f Pupils for						
(1)		litions						
Total	I num	ber of indivi	dual P	upils	requiring	g treatme	nt	. 19

HUN'	TER STR	EET	SECO	NDARY	MODER	N SCHO	OL	
Numbers E	xamined—							
Perio	dia						8	6
Speci	ials						–	_
Re-in	spections						3	4
		(eneral	Conditio	m			
	A		20110141	В	•	C		
				Cain		Poor		
Go				Fair		Pool		
27 (3	1.4%)		58	(67.4%)		1 (1.2%	,)	
			D	efects				
					c Inspections		nspections	
					g Requiring it to be k ept	treatment	Requirin	pt
G1 1					under obs.		under ob	s.
Skin .		•••	• .• •	9	_	_		
Eyes:—								
(a)	Vision Squint Other	•••	•••	16				
(p)	Squint	•••	• • •		_	_	_	
(c)	Otner	•••	• • • •					
Ears:→								
(a) (b)	Hearing			—	_	_	—	
(p)	Otitis Me Other	dia	***	I	_	_		
			• • •	3	-		_	
Nose or Th		•••	•••	I				
Speech . Cervical Gl		•••			_			
Heart and				I	_			
T	.5			I	_		_	
Ŭ.								
Developmen	Hernia			_	_			
(b)	Other				_		_	
\ /								
Orthopaedio				~				
	Posture Flat Floor	. · ·	,	5				
(c)	Other	Ci			****			
(0)		• • • •						
Nervous Sy				_				
	Epilepsy Other	• • •	• • •	1				
		• • •	•••	2				
Psychologic								
	Developm			2			_	
Other Defe	Stability			2				
					mont for	defective		
Number of	Pupils to n excluding	und 1	.o requ int	ine treat	ment for	derective	1	6
								G
Number of	Pupus 10 itions	und	requ	ine treat		an other	2	8
Total numb								8
Total nume	er or marv	iduai	Tabus	requiring	, treatmen		3	,0

COLLEGE SECONDARY MODERN SCHOOL

Numbers Exan	nined—						
Periodic					•••		70
Specials Re-inspe	ections	•••	•	••			21
Re-mape	Ction.				•••	•••	
		Cen		ondition			
A			В			С	
Good			Fa	ir		Poor	•
43 (61.5	%)		24 (3	34.2%)		3 (4.3%	5)
15 (5	, ,		Defe			3 (10)	,
			Dele		Inspections	Coopiel I	nspections
				Requiring	Requiring to be kept under obs.	Requiring treatment	Requiring to be kept under obs.
Skin				· ·	· · ·	·	_
Eyes:—							
	sion .	• •)		3	2	. —	· ·
\ /				_			—
(c) Oi	her .	••		_		· <u></u> ·	. —
Ears:—							
	earing .		• • •				_
× /	titis Media	a .	•••		_	_	_
()			•••		_	_	_
Nose or Thro		• • •	•••	4			
Cervical Gland		· • ₹ • • •		_	_		
Heart and Cir				1		· .—	
Lungs				_	I	 .	
Developmental	l:—						
(a) H		••		_	_	_	_
	ther	•••		_	_	_	_
` '		• • •.	• • •		_	_	
Orthopaedic:							
\ /	osture lat F oot;	• • •	•••			_	_
	. 1	· · ·		_			
Nervous Syste							
	pilepsy			_	_		_
(b) O		, , ,		_	_	_	_
Psychological							
	evelopmen	tal		_			_
(b) S	tability				—	_	_
Other Defects				2	<u> </u>		_
Number of P vision (Pupils four excluding						
Number of F	-				nent for		7.0
Total number							

STATISTICS OF MEDICAL INSPECTION IN PRIMARY AND SECONDARY SCHOOLS

TABLE I

A. The	number o	f childre	en exami	ned in age	gro	ups:—		
(1) Numb	er of in	spections	s—entrant	s		,	707
	Numb	er of ins	pections-	-2nd age	grou	р		610
	Numb	er of ins	spections-	—3rd age	grou	р	•••	1014
	Total	number	s examin	ied				2331
(2	2) Numb	er of otl	ner perio	die inspect	ions	•••	\$	44
					Gra	nd Tota	al	2375
B. Oth	er Inspect	ions.						
N	umber of	Special	Inspection	ons				22
N	umber of	Re-insp	ections	•••			•••	1 208
						Tota	al	1230
						Tot	al	1230
C. Pup	oils found	to requi	re treatm	ent.	•	Tot	al	1230
C. Pup	oils found	to requi	re treatm	l ent. For defective vision (exc. squint		For any other condition	,	Total Individual pupils
	oils found	to requi	re treatm	For defectiv		For any	,	Total Individual
E			re treatm	For defectiv vision (exc. squint		For any other condition	,	Total Individual pupils
E S	Entrants	 e group		For defective vision (exc. squint)		For any other condition	,	Total Individual pupils 258
E S T	Entrants Second age	 group group		For defective vision (exc. squint)		For any other condition 249	,	Total Individual pupils 258
E S T	Intrants econd age Third age	 group group		For defective vision (exc. squint)		For any other condition 249	,	Total Individual pupils 258
E S T	Intrants Second age Third age Total (presection)	group group scribed groups odic		For defective vision (exc. squint) 22 84 153		For any other condition 249 147 231	,	Total Individual pupils 258 210 356
E S T	Intrants Second age Third age Total (presection)	 group group scribed groups		For defective vision (exc. squint) 22 84 153		For any other condition 249 147 231	,	Total Individual pupils 258 210 356

CENERAL CONDITION AND NUTRITION

The following Tables give an analysis of the results of the examinations during 1951. The figure of 37% in the A Group of General Condition, 61% in B and 1% in C is very satisfactory.

TABLE II

A. Defects found by Medical Inspection in the year ended 31st December, 1951.

Defect or Disease.				1	Periodic Inspections.			Special Inspections	
					No. of	Defects.	No. of Defects.		
		•			quiring atment.	Requiring be kept under obs but not requiring treatment.	Requiring treatment.	Requiring to be kept under obs. but not requiring treatment.	
Skin					5 ²	_	4		
Eyes:-	_								
	(a)	Vision			252	18	7	_	
	(b) (c)	Squint			31	1	I		
	(c)	Other	• • •	• • •	26	_	3	_	
Ears:-	_								
	(a)	Hearing	,		3		_		
	(b)	Otitis Med	ia		6	_	_	_	
	(c)	Other	•••	• • •	7	_		_	
Nose o	r Tl	ıroat			144	39	10		
Speech	,				14	_	2	_	
Cervica			• • •		13	2	_	_	
	and '	Circulation	• • •		18		_	_	
Lungs	•	18 211	•••	• • •	47	4	I		
Develop	pmer	ntal:—							
	(a)	Hernia			6	I		_	
((b) -	Other			I 2	I		_	
Orthop	aedic	:							
-		Posture		,	63	I	2		
	(b)	Flat Floot			44	4	3	_	
(Other		•••	12	5	2	_	
Nervou	s Sy	stem:—							
	(a)	Epilepsy			4	_	_		
	(b)	Other			4	_	_		
Psycho	logic	eal:—							
· · · · · ·		Developme	ntal		15	I	.1		
	(b)	Stability			- 5 - 5	_	4	_	
Other I	` /						2		
Other 1	Dere	cis		• • •	95		4		

B. Classification of the General Condition of Pupils inspected during the year in Age Croups.

Age Groups.	A (Good)		B (Fair)		C (Poor)		Number of Pupils
	No.	%	No.	%	No.	%	Inspected.
Entrants	172	² ₁ 4·33	530	74.96	5	0.71	707
2nd Age Group	189	30.98	421	69.02	_		610
3rd Age Group	522	51.48	473	46.65	19	1.87	1014
Other Periodic Inspections	13	² 9·55	31	70.45	_	_	44
Total	896	37.73	1455	61,26	24	1.01	2375

A—Those better than normal or "Good".

B—Those normal or "Fair".

C—Those below normal or "Poor".

Schools Meals and Milk.

I am indebted to the Director of Education for the following figures relating to Thursday, 11th October, 1951. (Figures for 1950 in brackets).

Number of pupils in Primary Schools taking dinners:-

	1 1 -	2		0			
(a)	Free					90	(97)
(b)	On Payment			,	• • •	1760	(1701)
							(-, -0)
						1850	(1798)
Number of	pupils in Secon	dary So	chools	taking	dinners :	:—	
(a)	Free					145	(63)
(b)	On Payment				•••	1191	(1282)
							,
						1336	(1345)
Number of	pupils in Nurse	ry Scho	ools tak	ring dir	nners	100	(105)

Ten School Canteens have combined Kitchen and Dining Rooms. Twelve Canteens are supplied from Central Kitchens. Eight Canteens have dining facilities on School premises. Four Canteens are at a distance from the School.

A new Central Kitchen at Hoole Lane has replaced two former Central Kitchens. The Canteens at Cheyney Road and George Street Chapel Schools were replaced by one at Northgate Congregational Church Schoolroom in March.

Number of pupils in Nursery Schools who take Milk ... 100 (102) Number of pupils in Primary Schools who take Milk ... 3960 (3880) Number of pupils in Secondary Schools who take Milk 1679 (1715)

School Hygiene and Cleanliness.

Many Schools are still without a running hot water system. Some progress has been made with the provision of water heating facilities, but difficulties occur in the older types of School.

Crowded conditions have resulted in accommodation being used for normal class purposes, which might other wise have provided for special educational treatment.

The number of cases of infestation has again fallen from 588 in 1949, 392 in 1950, to 354 in 1951.

All Maintained Schools are visited each term by the School Nurses for Hygiene Inspections and the following Tables show the results:—

TABLE III

INFESTATION WITH VERMIN

(1)	Total number of examinations in schools by School Nurses or other authorised persons	13408
(2)	Total number of individual pupils found to be infested	362
(3)	Number of individuals in respect of whom cleansing notices were issued (Education Act, Section 54 (2))	97
(4)	Number of individuals in respect of whom Cleansing Orders were issued (Education Act, Section 54(3))	25

VACCINATION AND IMMUNISATION

The duties of the Local Health Authority under the National Health Service Acts regarding Vaccination and Immunisation are carried out by both General Medical Practitioners and by the Medical Officers of the Authority, and it has been the practice for the Medical Officers to take advantage of the facilities offered in the Ciinics (Infant Welfare and Minor Ailments) and the Schools.

The Vaccinations done in 1951 were (figures for 1950 in brackets):—

Under 1 year	174	(113)
1—2 years	153}	(132)
2—4 years	60∫	
5—14 years	58	(29)
15 years and over	57	(13)
	502	(287)
Re-vaccinations totalled	100	(126)

Every Medical Officer who has a knowledge of the protection against Smallpox afforded by Vaccination will deplore the falling off in the number of Vaccinations except in those areas where tragedy has aroused parents from their lethargy.

The majority of the Vaccinations were carried out by the General Medical Practitioners, and though there is an appreciable increase over 1950, far too many parents are omitting to apply the knowledge gained in past years—the knowledge that Vaccination is better than Smallpox.

Immunisation against Diphtheria.

During 1951, 420 School children were immunised by the Medical Officers and 531 had re-inoculations. A full report is given in the Annual Report of the Medical Officer of Health.

Prophylaxis against Whooping Cough.

At present, prophylaxis against Whooping Cough is being investigated in its effect on other conditions. Because of this it has not been the policy to offer the combined Whooping Cough-Diphtheria Immunisation in the Schools and Clinics.

INFECTIOUS DISEASES

As in 1950, the early part of 1951 brought epidemics of Measles and Whooping Cough, the figures of cases notified being:—

	1950 '	1951
Measles	386	455
Whooping Cough	123	175

In addition to these, there were 45 cases of Scarlet Fever, all mild, and three cases of Infantile Paralysis (a welcome drop from six in 1950). Five cases of Diphtheria were notified, but four of these occurred in patients under treatment in hospital, two of whom came from outside the City. The fifth case was not immunised.

Other Infectious Diseases notified during the year (all ages) included four cases of Erysipelas, one of Typhoid, four of Puerpal Pyrexia, three of Meningococcal infection, 25 Pneumonia, nine Dysentry, and six of Food Poisonings. One of the outbreaks of Food Poisoning—of a mild and uncomplicated nature—was traced to an attendant in one of the School Kitchens.

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

Table II (q.v.) gives a list of the defects requiring treatment and observation which were found at the Periodic and Special Inspections.

Specialist Treatment is provided in the Hospitals, and the fullest co-operation is maintained between the Hospital Specialists concerned and the School Medical Department.

The arrangements with the General Medical Practitioners, agreed with the Local Medical Committee, have also worked smoothly, and a high degree of co-operation has been maintained. Where defects are found at School Inspections, these are reported to the pupil's own General Medical Practitioner through the parent, who is, of course, similarly informed. This leaves the choice of treatment and of Specialist to the patient's own doctor.

Group 1. Disease of the Skin (excluding uncleanliness).

						Number of cases treated during 1051.		
•						(a) By the Authority	(b) Treated otherwise (e.g. Hospital)	
Ringworn	ņ :—						, ,	
(i)	Scalp		,	* ***		О	О	
(ii)	Body					I	- O	
Scabies			•••	• • •	•••	2	О	
Impetigo		•••				24	О	
Other sk	in disea	ses	• • •			624	33	
								
						651	33	

Croup 2. Eye Diseases, Defective Vision and Squint.

The special session for School Children continued at the Royal Infirmary, appointments being made through the School Medical Service or through the patient's own General Medical Practitioner.

*126 refractions were done, and spectacles prescribed for *144 pupils.

The waiting time for spectacles has been reduced, and *165 pairs were obtained during the year.

Orthoptic treatment, for squint and such conditions, was given to 284 children, there being 1482 treatments.

11 Operations for squint were performed.

131 cases of other external eye disease were treated in the Minor Ailments Clinics of the Authority.

*Includes cases dealt with under the Supplementary Ophthalmic Services.

Croup 3. Diseases and Defects of Ear, Nose and Throat.

There is a weekly clinic for pupils at the Royal Infirmary to which they are referred by their own doctor or through the School Health Service.

Cases on the waiting list for operation were visited in their homes by the School Nurses.

Received operative treatment:—	Number of eases 1951. (a) By the Authorit	
(a) for diseases of ear	O	8
(b) for adenoids and chronic tonsilitis	o	195
(c) for other nose and throat conditions	0	12
	0	215
Received other forms of treatment	584	?

Group 4. Orthopaedic and Postural Defects.

All orthopaedic cases were dealt with at the Clinics at the Chester Royal Infirmary, and were referred either by their own doctor or through the School Medical Service.

Number treated as in-patients in hospital	20
Number treated in Clinics or Out-patient Departments	171

Croup 5. Child Guidance.

There is neither a Child Guidance Clinic, nor a Clinic for Child Psychiatry in Chester, and it has been necessary, when children were in need of Child Guidance to refer them to the Notre Dame Child Guidance Clinic in Liverpool. Because of the distance involved, it has been extremely difficult to get regular attendance at this Clinic. The need for Child Guidance and Child Psychiatry in cases of behaviour disorders and juvenile deliquency is not always obvious and we are sometimes apt to under estimate the value of these two therapeutic avenues, and to forget that with behaviour disorders, as with physical illness, prevention is better than cure. It is only necessary to open the daily newspaper—almost any day—to see the distress and tragedy on a personal scale, let alone a National scale, which maladjustment can eventually cause.

Child Guidance and Psychiatric Clinics would not only assist children to adjust themselves to their everyday life; there are very many minor disorders which can arise from psychological causes—for example enuresis, temper tantrums, pilfering, stealing, truancy, overaggressiveness, tics, stammering and morbid fears.

No properly brought-up child should ever, on his own account, have to appear in a Juvenile Court as a delinquent. Something must cause anti-social behaviour, and these clinics are the means of finding out that "something" and, we hope, of putting it right. But all children who stand before a Magistrate have a right to be able to say "This is the reason for my behaving thus". Now what child is able to express himself in this manner? What child can even say "I need the affection and love of my parents and the freedom of self-expression in my home"? Can we not in Chester direct at least a proportion of our energy and knowledge to finding out why a child behaves badly, or to trying to smooth out those psychological and emotional hurdles which almost all children have to face. That wrong doing must be punished is, I believe, fundamental for how else should we learn; but to punish blindly without regard for the cause of the wrong-doing, is surely lacking in wisdom. We should be able, therefore, to give our Magistrates and Judges, in every juvenile case before them, some idea of the stresses and strains which have produced those behaviour disorders which they are called upon to judge,

The aim of our Educational System is to produce good citizens, and good citizenship commences in childhood. A child who is happy and well adjusted to his circumstances and who possesses that mental euphoria (which arises from a sense of security and of "being wanted" in his society), will make a good citizen however mediocre may be his scholastic attainments.

Only one child was treated at the Child Guidance Clinic in 1951. There must be many more who would have benefited if they had been able to attend.

Croup 6. Speech Therapy.

The Speech Therapist reports:—

During 1951 the Speech Therapy Clinic became a full-time service and therefore was more able to deal with the heavy demands made upon it.

The results have been most encouraging despite the fact that the Clinic was closed for six weeks during the early part of the year.

There was good co-operation between the home and the Clinic and most of the children attended regularly, although in a few cases attendance could have been greatly improved.

Close contact has been maintained with the Health Department, Dental Department, Ear, Nose and Throat Department, and with Schools and Nurseries. It is hoped that in the New Year personal contact will be made with all these various departments.

Number of attendances for treatment	814
Number of children completed treatment	16
Number of children who have left school (or district)	12
Number of children referred for review	2
Number of children refused treatment	5
Number of children who defaulted	_
Number of children examined	52
Number of children awaiting treatment (following examination)	14
Number of children awaiting examination	.3

Croup 7. Other Treatment Civen.

- (a) Heart cases 37 (Treated in hospital)
- (b) Minor ailments 1317 (Treated in Authority's Clinics)

SCHOOL DENTAL SERVICE

The Senior Dental Officer worked single-handed throughout the year, although efforts had been made to fill the vacant post of Assistant Dental Officer. In his Annual Report, the Senior Dental Officer makes the following observations:—

Dental caries is the most widespread disease known to mankind and it has been stated that 90% of all ailments have their origin in the neglect of the mouth. It has been demonstrated that decay in teeth is due to the breaking down of the tooth structure owing to fermentation of particles of food left in the mouth. But to clean teeth "clean" is not easy.

The School Dental Service is the only carefully planned scheme to prevent and treat dental decay. Oral hygiene is as important as any subject taught in the schools. Unless a child is taught the elementary principles of caring for his teeth in an agreeable way, and in his daily life, and of his own free will, he cannot be expected to have the habit of cleanliness fixed in him for life.

By teaching prevention we can obviate the greater part of Dental Decay and efforts should be made to prevent trouble instead of tending to remedy it when it comes in. In the long run, prevention will be less costly than restorative work.

Meantime, we must do our best with depleted staffs and some branches of our work have to be curtailed.

It was my privilege to attend the Annual Meeting of the British Dental Association in July, 1951. The lectures and clinical demonstrations were particularly interesting to Dental Officers and I was grateful to have the opportunity afforded.

In a number of selected areas in the country there are at present being undertaken controlled experiments in the treatment of children's teeth by the Sodium Fluoride Treatment. We look forward to the results and a diminution of dental cases.

For some time past, Oral Hygienists have been trained and are now employed in the School Dental Service in this country with great success. Though few in number, their contribution is most valuable and at some future date, their presence and that of another type of ancillary worker must surely be the answer to our needs.

TABLE V

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	1) Number of pupils inspected by the Dental Officers:—						
		1951	(1950)				
	(a) Periodic Age Group	2545	(2462)				
	(b) Special	721	(582)				
		3266	(3044)				
(2)	Number found to require treatment	1447	(1977)				
(3)	Number referred for treatment	997	(—)				
(4)	Number actually treated	980	(1488)				
(5)	Attendance made by pupils for treatment	2820	(2371)				
(6)	Half-days devoted to:—						
	Inspection	30	(31)				
	Treatment	365	(284)				
	Total	395	(315)				
(7)	Fillings:						
	Permanent Teeth	1129	(883)				
	Temporary Teeth	42	(41)				
	Total	1171	(924)				

(8)	Number of teeth fi	lled:—					
	Permanent Teeth Temporary Teeth	•••		•••		Not available	(88 ₃) (4 ₁)
				Total	•••		(924)
(9)	Extractions:—						
	Permanent Teeth Temporary Teeth					749 1853	(453) (2325)
				Total	• • •	2602	(2778)
(10)	and the same of th	general	l ana		s for	1066	(1013)
(11)	Other operations:-						
	Permanent Teeth					786	(480)
	Temporary Teeth	•••	•••		•••	96	(269)
				Total		882	(749)

HANDICAPPED PUPILS—SPECIAL EDUCATIONAL TREATMENT

For the purpose of the Education Acts, 1944 to 1948, the ascertainment of all categories of handicapped pupils is carried out by the School Medical Officers of the Authority, and, in the case of Educationally Subnormal pupils, both Medical Officers have been approved, as required by the Regulations. Although approval of Medical Officers ascertaining other categories is not now required, it has been the policy to take advantage of whatever specialist reports were available on the pupils concerned, especially with regard to the maladjusted group.

The provision of Special Educational Treatment for Handicapped Pupils has received some attention. For example, the treatment of Educationally Subnormal children was particularly considered. Because of its size, and restricted school accommodation, a Special School for Educationally Subnormal pupils was not considered a possibility in Chester, and, in any case, segregation of these pupils in the Primary School stage was not desirable under the circumstances.

It is sincerely to be hoped, however, that some form of Special quition in the Primary Schools will be forthcoming, to assist those pupils, who, because of their inability to understand "what it is all about", merely sit at the back of the class, frustrated and bewildered and becoming more and more disinterested in what is going on around them. Their frustration is fertile breeding ground for maladjustment and for behaviour problems, and is a source of perpetual anxiety to the parents and annoyance to their teachers.

In the Secondary School stage also we need some form of special educational treatment in addition to the "stream" system now in operation.

The retention of very backward children in a normal school gives rise to serious difficulties in class, especially when the child is almost ineducable. As an interim measure, the retention of these children in classes lower than their chronological age group, is being tried out, though it must be admitted this policy has drawbacks and dangers.

"Borderline" cases have been retained within the school system in the hope that they may eventually be taught to read and write—an accomplishment which very materially affects their happiness in future life. This principle is somewhat strengthened by the lack of provision within the City for the training of Mental Defectives. It is far better to have a borderline child occupied daily in school (provided his behaviour is satisfactory) than to refuse him tuition thereby forcing him to remain at home, a nuisance to himself and to his parents because of his lack of employment.

The number of pupils examined under Section 34 of the Education Act was 13, and of these, six were found to be Educationally Subnormal.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

Form 21 M.

	(2) Partially signified		(4) Partiall	ally	(5) Dencare. (6) Physically Handicannod	cally	ally sus	(7) Educationsally subnormal	(a) Epiil-	Total
	organica.		The state of the s		Incomment	ped.	in in fol	udjusted.		6-1
In the Calendar year ending 31st December, 1951. A. Handicapped pupils newly placed in Special Schools or	(1)	(2)	(3)	(+)	(5)	(9)	(2)	(8)	(6)	(10)
	0 0		0	2	. 2	0	H	0	I	9
B. Handicapped pupils newly ascertained as requiring education at Special School or Boarding in Homes	0			0	I	I	w	0	0	œ
Minister of allithous morning distinct of motions							3			
Number of children reported during the year:— (a) Under Section 57(2)	(excluding		anv ref	refurned						
						1				
(b) Under Section 57(3)	relying on Section 57	on S	ection	57(4)		0				
Under Section 57(5)	of the Education Act,	ducation	on Act	Ĭ		0				
				,						
C. Number of Handicapped pupils from area:—										
(i) Attending Special Schools as										
(a) Day pupils	0 0		0	0	0	0	0	C	0	0
	2 0		4	3	C ‡	0	7	0	I	† I
(ii) Boarded in Homes	0 0		0	0	0	0	0	0	0	0
Ì										
made by the Authority	0 0		0	0	0	0	0	0	0	0
Total C	2 0		4	3	7	0	c۷	0	H	14
D. Number of Handicapped pupils being educated under arrangements made under Section 56 of the Education										
(a) in hospitals	0.		0	0	ı	0	0	0	0	-
(b) elsewhere	0 0		0	0	0	0	0	0	0	0
E. Number of Handicapped pupils from the area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)	0		1	0	I	I	.c	0	0	∞
Amount spent on arrangements under Section 56 of the Education	Act	1044	for th	e Kdu	Rducation	J. J.	Tandicapaed	, poud	oh itzlese	• • • • • • • • • • • • • • • • • • •

ection 50 of the Education Act, 1944, for the Education of Handicapped children in the financial year ended 31st March, 1951-£39 4s. 9d.

EMPLOYMENT OF SCHOOL CHILDREN

The Medical Officers examined 71 pupils during 1951 to ascertain their fitness for employment out of school hours. Certificates were granted in 70 cases.

CO-OPERATION WITH PARENTS.

It is a tribute to our School Medical Service to record that during 1951 the number of parents present at the Periodic (Routine) Inspections was 1,212, representing 51% of the pupils examined.



